

No. W 12031		Due no later than May 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. COMPLIMENTARY INTEGRATED HEALTH CARE LLC CHARMAINE R ALLEN 165 SOUTHPORT AVE LEWISTON ID 83501		CHARMAINE R ALLEN 165 SOUTHPORT AVE LEWISTON ID 83501			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CHARMAINE R ALLEN	165 SOUTHPORT AVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 12031		6. Annual Report must be signed.* Signature: Charmaine Allen Name (type or print): Charmaine Allen				Date: 05/18/2009 Title: Ltd	
Processed 05/18/2009		* Electronically provided signatures are accepted as original signatures.					